Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

For office use only	
Indexed	
Audited	
Checked	
Computer	

DHS- (nerokee mental Hea	reth institute
Name of Department or Office 1351 West Ceda	IN ICO MERCKEL, IH 51012
Mailing Address 110 205 2594	City, State, Zip Code
Area Code & Telephone No.	rrior.
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	OFFICE:
Katelyn Matheny	
Name '	City, State, Zip (if different from above)
Mailing Address (if different from above)  KINAHUEN (A. CHS State, 10, US	?
Emall Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Loann Greiner	
Name	
Mailing Address City, State, Zip Code	- 1-8-19 \$ 160,00
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (opilonal)	
Provide a description of the gift or bequest and purpose thereof:	
Four bags of previous	ly used clothing.
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of	of the state or received by the Governor on behalf of the state.
tatement of Affirmation;	
1 10 TP 1110 11 11 11 11 11 11 11 or heavest reported	d above is accurate. I further affirm that the information concerning the donor and to the best of my knowledge.